

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061044

Entity Name: SALON 27, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

200A SOUTH HIGHWAY 27
MINNEOLA, FL 34715 US

New Principal Place of Business:

Current Mailing Address:

200A SOUTH HIGHWAY 27
MINNEOLA, FL 34715 US

New Mailing Address:

FEI Number: 20-3019651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, BRET
700 ALMOND STREET
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

JONES, BRET
700 ALMOND STREET
CLERMONT, FL 34711 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRET JONES

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARNEY, KATHRYN F
Address: 10628 LAKE RALPH DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM () Delete
Name: BURKE, MICHELE A
Address: 212 WILLOW BEND DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM () Delete
Name: RAKOCI, BEVERLY J
Address: 11317 SUSAN'S POINT DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BEVERLY RAKOCI

MGRM

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date